

Improving the ED-to-inpatient transfer system at Tobey Hospital

SOUTHCOAST HEALTH

Southcoast Health is a not-for-profit, community-based health system with multiple access points, offering an integrated continuum of health services throughout southeastern Massachusetts and Rhode Island. The Southcoast system includes three emergency departments, located at Charlton Memorial Hospital in Fall River, St. Luke's Hospital in New Bedford and Tobey Hospital in Wareham. Collectively, the three emergency departments see more than 200,000 visits each year.

Challenge

Early on in the sepsis improvement process, the Sepsis Committee noticed that one of the biggest stumbling blocks to completing all of the elements of the three-hour sepsis bundle was that some steps would be missed in the hand-off from the emergency department (ED) to the inpatient unit. Even though the ED completed most of the early and important steps of the bundle – drawing a lactate, administering antibiotics and giving the initial fluid bolus – some later elements of the bundle were missed. Even though these elements were comparatively less critical to patient outcomes, they still needed to be done for the health system to receive credit from CMS for providing high-quality sepsis care.

Action

To address this challenge, the Sepsis Committee created a nursing checklist for the ED nurses to complete prior to transfer. The checklist, built into the electronic medical record, gave the inpatient side a complete understanding of what has been done and what still needs to be done. The ED nursing team is responsible for filling out the electronic form. **To assure adherence, the patient may not be transferred until the checklist has been completed.**

Outcomes

The checklist was first piloted in the Tobey Hospital Emergency Department. **Within a short period of time, the checklist helped Tobey to improve its sepsis bundle compliance significantly** – in some months up to 100% compliance. Tobey made the form mandatory in late 2018. After the success of the pilot, the system decided to extend the checklist to the other emergency departments in the system.

Lessons Learned

When asked about lessons learned, the team offered the following thoughts:

1. Make sure ED and floor staff understand that the checklist frames communication about what has been done and what needs to be done. The checklist enables staff to share responsibility for the items. Some need to be completed in one phase of care and others in the next phase.
2. To the maximum extent possible, incorporate the checklist into the electronic health record. The electronic record facilitates transparency and hard stops prior to transfer.
3. Give the inpatient nursing team the authority to refuse transfer of patients until the checklist is complete.